

To Make Room or Not to Make Room: Clients' Narratives About Exclusion and Inclusion of Spirituality in Family Therapy Practice

Åse Holmberg^{1*}, Per Jensen¹, and Dagfinn Ulland²

¹ VID Specialized University, Oslo

² University of Agder, Sørlandet Hospital, Kristiansand

This empirical article presents four narratives from an ongoing qualitative PhD project about spirituality and family therapeutic practice. Using case studies and narrative vignettes, the article presents client perspectives on being able to discuss their spirituality in therapy, and the repercussions when therapists exclude it. The article refers to current research and provides some reflections on how we can understand spirituality in the context of family therapeutic practice; therapists for holistic, cultural, and ethical reasons should acknowledge the client's spirituality. Therapists need to reflect on their own spirituality and how it may influence their relationships with clients.

Keywords: family therapy practice, spirituality, clients' perspectives, empirical research, constructivist grounded theory

Key Points

- 1 Spirituality and family therapy is a new area of research.
- 2 Spirituality can be expressed in a secular or a religious tradition, and is connected to the body, emotions, relationships, and culture.
- 3 Research shows that spirituality can be an important part of being human, and it is important to make room for the spirituality of the client.
- 4 Self-reflection about spirituality can help the therapist to be more sensitive and respectful in dialogue with clients.
- 5 Research shows that spirituality is an under-communicated theme in the family therapeutic culture, but many therapists still include spirituality in their practice.

Spirituality is an important part of many clients' lives, but has been absent in family therapy research and theory (Carlson, McGeorge, & Anderson, 2011; Walsh, 2009, 2010). However, in the last two decades, many family therapists and researchers have highlighted the importance of including spirituality and religion in therapeutic dialogue with clients. This article presents clients' narratives collected in the first author's continuing PhD work about spirituality and family therapeutic practice in Norway. The aim of the study is to explore clients and therapists' understandings of spirituality and its meaning and their experience of spirituality in family therapeutic practice. Two stories about exclusion and two stories about inclusion are presented. We will also explore the concept of spirituality and current research. We conclude with some

*Address for correspondence: Åse Holmberg, VID Specialized University, Center for Diakonia and Professional Practice, Mailbox 184, Vinderen, NO-0319 Oslo, Norway. ase.holmberg@vid.no

reflections based on clients' experiences and end the article with findings from family therapists' experiences with spirituality in therapeutic practice. (See section 8)

Julia – and a Room for Spirituality

Julia¹ went to a family counselling office. She was 25, had two children, and had lived some years with her husband who had abused her both physically and sexually. They were both attenders of a local church, and her husband was well respected there. She prayed to God that her husband would die, because divorce was almost unthinkable for her. She wanted to talk to someone about this, and she needed 'a blessing' that it was okay to leave her husband.

Julia: The therapist did not understand. He said, 'So what?', and for me it was very strange. I felt that he couldn't understand my Christian background, that even such a cruel man is hard to leave, because it's wrong in a way ... And I felt, it was something about our connection, because this 'room' is so big in my life, and with the therapist, I needed to close the door. I could talk about everything else, there were thousands of things, but I felt it wasn't fruitful to continue.

Interviewer: And this 'room' is, as you say, quite big?

Julia: For me it is very big, yes, it infiltrates everything; it infiltrates who I am as a person, and ... I just felt that a door was closed, yes; he did not understand me at all. I felt I was a problem. (C-2-1, own translation)

The therapist in this case was unable to enter the client's spiritual world; he really did not understand her frustrations.

Betty – A Resigned Client

When Betty was 25, she and her husband had a disabled child. It was their first child and a big crisis for the couple. Both were Christians, but not regular churchgoers. Their divergent Christian cultural backgrounds involved differing needs for spiritual expression and practice, which also affected other aspects of family life. Once, Betty tried to raise this issue in therapy. She remembered having to take a deep breath, and said that their shared spiritual life was difficult. She said a few sentences and then stopped. Her husband replied that he did not agree, and trivialised her raising of the issue. The therapist did not follow up, and the dialogue about the topic ceased. The therapist did not raise the issue in the succeeding sessions.

The couple had been in therapy for different lengths of time over the course of nearly three decades, but they had never had a dialogue about their spirituality with any of the therapists. The wife felt somewhat resigned to this perspective in therapy:

I believe it really is about time. I have been ready for years. I think it is completely strange that questions haven't been raised before, not a single question for 27 years; what does your faith mean within this context?

(C 8-1, own translation)

The couple's therapists had never introduced the topic of their spiritual world during the sessions, and Betty felt she had become resigned to the situation.

The Study Context

The continuing PhD work from which these stories are taken is an empirical, qualitative study, which includes 12 clients and 15 family therapists. The location of the study is Norway, and as in the rest of Scandinavia, Norway is often presented as a secular state. However, 72.5% of the population are registered with the Protestant Church of Norway and 11% belong to other faith communities, mostly religious (Statistics Norway, 2017). Even though relatively few people are regular churchgoers, the 'therapeutic church' has great significance in the case of significant crises and difficulties in many lives. Norway has become a multicultural country, and although the Church of Norway has a strong position, many people mix traditions and influences from different religions in their own subjective way (Heelas & Woodhead, 2005). Two hundred and twenty-three nationalities are represented in Norway, and immigrants are one of the reasons why membership of the Catholic Church is growing. The word 'spirituality' is often associated with New Age and alternative movements, and we are seeing a growing interest in our society for both spirituality and religion in media, literature, politics, and creative expressions such as theatre and music.

Design and Methodology

Constructive grounded theory is the research methodology and analysis method in this study (Charmaz, 2013). Fifteen family therapists and twelve clients were interviewed. Some key aspect of this research and analysis method is that practice is the main source of knowledge, and theory is grounded in data itself. During the whole process, one moves back and forth between data and analysis (Grbich, 2013). The resulting theory is an interpretation also influenced by the researcher's perspectives, positions, interaction, and geographical locations (Charmaz, 2013).

The aim of this study is to explore family therapists and clients' understandings of spirituality, and to explore their experiences and meaning-making about spirituality in therapy. The overarching aim of the study is to develop knowledge about and a new theory for the development of an under-communicated theme in family therapy education and practice in Norway. Learning from practice can be a meaningful solution to a situation of lack of knowledge in an under-theorised area, and the focus of the research method is thus on meaning linked to the informants' actions and intentions (Dallos & Vetere, 2005). How we think, feel, and act is not unified and stable; it is a function of the cultural, historical, and relational circumstances in which we are located. People discover and construct reality together, and therefore, social interaction, especially language, is of great interest (Burr, 2015).

Participants

Fifteen family therapists were interviewed; eight men and seven women. An important methodological principle is to search for variation among the informants in relation to age, background, experience, gender, faith, or worldview. I (first author) had to contact the clients through therapists and personal contacts, but it appeared to be difficult for some of the therapists to assist in this case. This made it more difficult to search for

variation in relation to clients. We eventually had a sample of twelve clients, eight women and four men, contacted through family therapists, one of the supervisors, and an item on Facebook. There are three couples represented among the clients. Ten of the clients have a Christian faith background but only three are regular churchgoers. One represents New Age, and one is currently an atheist. The interviews with the clients were conducted in their private homes, in an office, and one over the telephone.

Ethics

Participation was voluntary, and all informants have been anonymised. The informants were free to withdraw at any time, and written informed consent was obtained. The Remit Assessment was used from the Regional Ethical Committee, and the project was approved by the Norwegian Data Service of Social Science (NSD) (number 38978).

In the next sections we ask: what is spirituality and what does research in family therapy say about it?

What is Spirituality?

Sperry and Shafranske (2005) claim that the term 'spirituality' is perhaps one of the most misunderstood words in the English language, and scientists have not been able to find a universal definition (Koenig, 1997). There are over 100 definitions in the scientific literature (Worthington & Sandage, 2016). One reason for this might be that individuals and families relate to the spiritual in multiple ways, and are connected to distinct traditions, cultures, and contexts (Churchill, 2009; Walsh, 2010).

Spirituality comes from the word 'spirit' which means breath, and can be translated as our vital essence, the source, and power of life (Benner, 2011; Miller & Thoresen, 2003; Walsh, 2009). This life-giving source is closely connected to the body through feelings and emotions, our behaviour and relationships. It is also connected to the meaning-system of humans, and helps people to find coherence, values, and a direction in life. The human search for meaning seems to be one motivated by a spiritual need, and like the search for love, involves a striving after the transcendent toward belief, hope, creativity, and a deep awareness shared with other people and with nature (Clinebell, 1995; Swinton, 2001).

Spirituality contributes to form people's ethics and values, and relationships with other people. To be spiritual is not a static state, but a process that develops and changes through life (Pargament, 2013; Worthington & Sandage, 2016). It can be related to nature, art, music, meditation, prayer, and a relationship with a Higher Power, like God or Allah (Grams, Carlson, & McGeorge, 2007; Prest, Russel, & D'Souza, 1999). It can provide a sense of wholeness, integrity, and meaning as well as connectedness with other people (Canda & Furman, 2010; Jeong Woong & Canda, 2010). Spirituality is a dimension of life for all people, but people can be reflective on these perspectives in their lives to a greater or lesser extent (Sperry & Shafranske, 2005). Spirituality can be expressed as a universal human dimension, like *all* other people, but also like *some* other people, connected to the historical, cultural, and social dimension. Spirituality is also something unique, like *no* other people (Swinton, 2001).

Spirituality can be expressed in terms of a secular or a religious tradition (Aponte, 2009; Helminiak, 2001; Moberg, 2002). People can be religious, but not particularly

aware of their spirituality. People can also be spiritual, but not religious. Spirituality is understood as a broader concept than religion. Religion, which often refers to a formal system of beliefs, usually including a concept of God and a sense of belonging to a religious group or community, is among several modes of expression of human spirituality (Swinton, 2001). This study also includes a religious perspective.

As people, we can be expressive using physical, psychological, social, and cultural perspectives, but it is important also to include the spiritual aspects of the person. These perspectives are interwoven and interact with each other. In crises and other difficult situations in life, the spiritual and existential aspects of human beings become more significant. Walsh (1999) says:

Most people who come for therapeutic help today are seeking more than symptom reduction, problem solving, or communication skills; they yearn for greater meaning and deeper connections with others in their lives. Many are in spiritual distress at the core of physical, emotional and relational problems.

(p. 24)

What spirituality means for the single client or family can be difficult to put into words. Clients in this study used words such as faith, God, soul, meaning, and 'heart-language,' and they expressed that there were many gateways to the spiritual aspects of human life:

Every human has a spiritual aspect. People fill this dimension with what is important for the individual.

(C3-1, own translation)

One of the clients said that during very hard times, she could not pray by herself, but she found that her spirituality was connected to her breathing:

For me it is really my breathing; God, I breathe out my powerlessness, I breathe in your peace. So easy and simple, if you can call it that. I am breathing all the time, so it is part of me all the time.

(C2-1, own translation)

For her, and many clients in this study, leaning on God was a fundamental part of life.

What Does the Literature Say?

The importance of spirituality in mental health and psychotherapy is a well-documented and researched area. However, in spite of the fact that spirituality is woven into many aspects of family life and shapes individuals, families, and communities, family therapists have shown little previous interest in this subject (Carlson & Erickson, 2002; Walsh, 2009). During recent decades, there has been a change, and family therapists have begun to show increased attention to spirituality. Many articles and some books have been written about this theme, mostly from North America (Aponte, 2002; Carlson & Erickson, 2002, 2009; Coffey, 2002; Hodge, 2005; Hoogestraat & Trammel, 2003; Marterella & Brock, 2008; Moules, 2000; Nedumaruthumchalil, 2009; Prest & Keller, 1993; Walsh, 2009, 2010; Yeo Jin & Miller, 2010). Many family therapists now say it is essential to explore clients' spiritual life in therapy. They are increasingly aware of the potential for change that lies in addressing spirituality in therapy. It can have a healing effect, and therefore, support a more holistic approach for the benefit of

clients in family therapy (Aponte, 2009; Blanton, 2005; Griffith & Griffith, 2002; McNeil, Pavkov, Hecker, & Killmer, 2012; Nichols, 2014).

Searching through public databases, a great part of the existing (English language) research in this field consists of evaluations of the integration of spirituality and religion in family therapy education in the US. Family therapy programs in the US currently include spirituality and religion in their courses of education, but there are discrepancies between faculties, clinicians, and students regarding the importance of integration of religion/spirituality in the programs (Carlson et al., 2011; McInnes Miller, & Van Ness Sheppard, 2014; Weinstein & Chicago, 2006).

Studies have explored family therapy students' attitudes toward spirituality (Grams et al., 2007; Miller, Korinek, & Ivey, 2006; Prest et al., 1999). Students are positive in the main about the inclusion of spirituality in therapy, and it seems as though the more students learn about their own spirituality/religious beliefs, the more comfortable they are to include spiritual interventions with clients (Carlson, McGeorge, & Toomey, 2014). Few empirical studies have examined clients' views about addressing spirituality in family therapy. A pilot study has been completed by Erickson, Hecker, Kirkpatrick, Killmer, & Edassery (2002), and several studies have been conducted in a broader psychotherapeutic context (Knox, Catlin, Casper, & Schlosser, 2005).

A recurring theme in research publications is that therapists still find it difficult and unpleasant to integrate spirituality in therapy (Helmeke & Bischof, 2002; Miller, Korinek, & Ivey, 2004). Both research and literature within this field are in their early stages, and there is still little empirical research that investigates the importance of spirituality in family therapeutic practice (Grams et al., 2007; Hage et al., 2006). Meta-studies in current empirical investigations of psychotherapy in general show that the opportunity to make meaning or to grow as humans is not taken into account to any significant extent (Wampold, 2015).

In a broader therapeutic context, some studies have been conducted in Europe (Blair, 2015; Crossley & Salter, 2005; Hofmann & Walach, 2011; Holmberg, 2012; Reme, Anderssen, & Johnsen, 2009; Stålsett, Austad, Gude, & Martinsen, 2010; Ulland & DeMarinis, 2014), but for Norway and Europe, spirituality in family therapy remains a new area of research.

After initially having explored two stories about exclusion of spirituality in family therapy, we will now explore two stories based on research interviews in which the spirituality of clients was included in the therapy session.

Mary and John – and the Big Surprise

Mary attended family therapy with her husband John and their youngest son who had been bullied at school. The couple had experience with couple therapy and individual therapy, and both worked in the context of the Protestant church. It was the first time they had met a therapist who could include spirituality in therapy, and they were very surprised. Their youngest son had developed problems with self-esteem and had destructive feelings about himself. The therapist, who had been told they were churchgoers, asked their son what he thought God would say to him. Mary hesitated somewhat, because she later told us that she was accustomed to therapists who quickly moved on when spirituality was mentioned. Their feedback was that the fearless way in which the therapist addressed them was the reason they dared to talk about it; otherwise, they would never have done this. Religion had been a non-topic in the

therapy in the past. However, with this therapist their faith could be a resource, could build something new in the situation. It was difficult for the son to answer the therapist's question, and then the therapist asked his mother what she thought God would say to her son. She replied that God loved him, he was the best He has created and was perfectly good enough. Mary was impressed when the therapist in the next session used her words from the previous session as an input when he talked to her son. The therapist also explored how their relations in the church and their religious life influenced them, because he knew that these experiences also could be negative. John remembered that the therapist had told them that he was somewhat insecure in speaking about these things even though he seemed to be comfortable. The spiritual and religious perspectives were part of the changing process, and were used in a positive and respectful way.

Mary said that a therapist who was secure, open, and unafraid, and had some form of knowledge about spirituality was the key to these dialogues. John said that Norwegian people are very shy in speaking about the spiritual or religious life. His reflections were that people require a language for this. If we avoid speaking about such topics we will be 'out of tune' with clients. He also said it can be difficult for clients to know whether therapists can manage to include talk about spiritual practice. As a client, one does not want to embarrass the therapist. One waits to be invited.

Helen – and Therapy with Love

Helen had lived many years in an unhappy and oppressive marriage with a dogmatic, religious husband. She was now legally divorced, and she felt that her marital experiences prevented her from being part of a congregation or a religion. She did not wish to have any specific faith imposed upon her. God was very important for Helen in spite of this. Her relationship with God, which she had not tried to manage without, had given her an inner strength. Her feedback on meeting with the family therapist was that therapy had strengthened her faith in God. She felt that the therapist really met her.

Helen, who had many different experiences of therapists, loved the fact that the therapist could understand her spiritual path. Previously, when she had not felt the spirituality of the therapist, Helen had become used to dropping the topic. She reported that a picture of an angel in the therapist's office, along with the therapist's radiance, deep expression of warmth, and an approach of recognition created a path for the spiritual dialogue. She said that the therapist's openness helped her to feel relaxed and natural in herself. The therapist could also give her new perspectives and share some of her own spirituality. Questions such as: Why does this happen? Are you growing spiritually or creating spiritual distress? Can you see God in this situation? The therapist also saw that she placed too much emphasis on the spiritual, and received help to become more in balance with her body. The therapist embraced the spiritual, the psychological, the emotional, and the physical, and for Helen, this was therapy with love. For her, love was the crucial point.

What Can We Learn from These Stories?

A main aspect in our stories seems to be that clients want to be met as spiritual beings living in a cultural context. The spiritual aspect of human existence influences

the client's life in different ways, bringing difficulties but also possibilities and resources. Family therapists need to consider this and acknowledge that spirituality is part of the person and must be included in the therapeutic work for change. Humans are not only bio-psycho-social but also spiritual, and clients' spirituality should not be reduced to the level of the merely emotional and psychological. With regard to clients' worth, dignity, and fundamental rights, spiritual needs also must be taken into account (Koslander, da Silva, & Roxberg, 2009). Both these holistic and ethical aspects must necessarily be included in family therapy also because clients live in different cultural contexts. Therapists therefore need to expand their understanding and ways of looking at the world so they do not overlook the spiritual dimension in clients' lives (Swinton, 2001).

A second point is that the family therapist's relation to their own spirituality seems not to be insignificant. What is the therapist's contribution in relation to spirituality in the therapeutic dialogue? To detect and work with the spirituality of client, it seems important to have a reflective relationship to one's own spirituality. The therapist's worldview matters when helping clients find spiritual answers to questions of identity, hope, meaning, and connection (Griffith & Griffith, 2002; Peteet et al., 2016). Research shows that the relationship between therapist and client is the essential aspect for successful therapy, regardless of therapeutic approach. *'The essence of therapy is embodied in the therapist'* (Wampold & Imel, 2015, p. 176). The private narratives of the therapist affect the therapeutic relationships (Jensen, 2008, 2016), and a stronger awareness of his personal spirituality can make the therapist more sensitive and respectful. Sue and Sue (2012) say that one of the most important components of multicultural competence for psychotherapists is awareness of one's values, belief, and attitudes. Both the language of the body and analogue language is revealing (Bateson, 1979), and this study shows that clients will notice whether the therapist is open or not about their own spirituality or the spirituality of clients in general.

What Do the Therapists Say?

We will end this article with an observation from the analysis of the therapist's experiences about spirituality in family therapeutic practice in Norway.² What we have seen so far is that therapists say that spirituality is an under-communicated theme in the family therapeutic culture and not an integrated part of family therapeutic education. They talk little about fundamental values like anthropology or ethical commitments. Therapists have many barriers for not integrating spirituality in their practice: personal, academic, and cultural obstacles. Some also feel worried about what clients may say once they begin to explore the topic. Therapists in the study feel among other things embarrassed about, inexperienced with, and oblivious to spirituality as an important topic. One person felt it was outside the mandate of the organisation. Therapists are to follow the client's agenda, have too little time, and do not know how to include spirituality in therapy. Several also believe that clients do not expect to talk about spirituality in family therapy.

No, I think they (the clients) do not think it is important that I know ... They would probably introduce the topic by themselves if they were concerned about it.

(T4-1, own translation)

However, what is especially interesting is that many therapists, without curriculum, professional guidelines and training, still include spirituality in their practice. With curiosity and creativity, they find their own way among the established methods. Several of the therapists are not afraid to acknowledge that spirituality, and sometimes religion, contribute important perspectives also in their own lives. Despite different experiences of both spirituality and religion, the therapeutic dialogue around these issues can create some golden moments.

Conclusion

We have in this article presented four narratives from clients from an ongoing PhD study. Two of the clients were met with exclusion and two of them with inclusion of spirituality in therapy. The clients' spirituality and cultural context should be acknowledged, understood, and worked with by the therapist. The clients want to be respected and acknowledged as spiritual beings and they think it is professional to include spirituality in therapy. It is therefore of great importance that therapists can be respectful dialogue partners and do not shy away from opening conversations about spirituality. The clients are waiting to be invited, but they do not want to embarrass the therapist. The analysis of the views of the family therapists shows many obstacles for including spirituality in their practice, and therapists must work on their own personal barriers. The family therapists also need to reflect more deeply on values in therapy and their view of the person, including what spirituality means in their own life and how this may influence therapy. It makes them more able to sense and meet the spirituality of clients in a helpful and reflective way.

Notes

¹ Pseudonyms – permission obtained from participants to use their examples.

² A more detailed report will appear in other articles.

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